



City of Milwaukee
Employment Application
for
PARKING ENFORCEMENT SUPERVISOR

Department of Employee Relations
City Hall, Room 706
200 East Wells Street
Milwaukee WI 53202-3554
414-286-3751
TDD 414-286-2960
www.milwaukee.gov/der

INSTRUCTIONS TO APPLICANT- Please:

1. Use a typewriter or print answers in black ink.
2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
3. Date and sign on page 2.
4. Print your Last Name in the left margin.
5. Keep a copy of completed application materials for your files.

ANY FORMAT MODIFICATION MADE TO THIS DOCUMENT WILL RESULT IN IMMEDIATE REJECTION

[illegible]

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

EXAM# 04-040

MINIMUM REQUIREMENTS

IMPORTANT: Do you meet or possess ALL of the following minimum requirements? ☐ Yes ☐ No

If No, we will NOT be able to accept your application for this particular opening, please watch for other opportunities at www.milwaukee.gov/der.

1. A minimum of two years experience in the supervision of a large work force involved in field operations.
NOTE: Equivalent combinations of work-experience and education may be considered.
2. Valid driver's license at time of appointment and throughout employment
3. Residency in the City of Milwaukee within 6 months of appointment and throughout employment.

EMPLOYMENT INFORMATION

Are you legally authorized to work for any employer within the United States? Yes ☐ No ☐

There may be a possibility of employment with other organizations. If so, may we refer your name? ☐ Yes ☐ No

Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):

If you are ☐ PRESENTLY or were ☐ PREVIOUSLY employed by the City of Milwaukee, list the following:

POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.)	TO (MO./YR.)
If you have ever been convicted of an offense other than minor traffic violations, list details below. If you list convictions, provide your birthdate on page 9. Your birthdate will be used for conviction verification only. Use separate sheet if necessary:				
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ **DATE:** _____

EDUCATION AND TRAINING

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No If Yes, Name and Location of High School _____Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

Name and Location Of School	Dates Attended From Mo./Yr. To Mo./Yr.	Credits Earned	Major and Minor Fields of Study	Type of Degree Date Completed

Additional coursework, training programs, or professional seminars completed which may be relevant to this position. Do not list courses required for above degrees.

Title	Sponsoring Organization/ Academic Institution	Dates Attended	Credits

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed see following page.

Current or Last Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:

Describe your job responsibilities:

EMPLOYMENT HISTORY – continued

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

Employer	From: _____ To: _____ Month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

If more space is needed please make additional copies of this page or attach additional sheets.

Describe your specific experiences in each of the following areas. For each experience described, identify the employer where this experience was gained and the number of years of experience.

Please describe any job related supervisory experience you have had, including the number and titles of employees supervised. Use the following letter designations to characterize each entry: A) Nature of work performed by employees supervised; B) Your responsibility for training and motivating employees; C) Your level of responsibility for discipline, correction and performance evaluation of employees; D) The manner in which you monitored employees in the field.

Describe any experience in answering inquiries and resolving complaints.

Describe any experience in preparing written reports and basic statistical reports.

Describe your familiarity with or experience using Microsoft Office word processing, PeopleSoft, Excel and database applications.

Describe any experience in supervising unionized employees.

Describe any law enforcement experience.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

A signer

A reader

Extra time

Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION

APPLICANT'S NAME _____ DATE _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO**Spouse's Period of Service**

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

SIGNATURE _____ DATE _____